



ROANOKE COUNTY COMMUNITY DEVELOPMENT
Office of Building Commissioner

ACCESSIBILITY COMPLIANCE STATEMENT
Commercial Structure Alterations/Tenant Up Fit

PROJECT NAME _____

PROJECT ADDRESS: _____

Please reference IBC 2003 Section 3409 Accessibility for Existing Buildings, including Section 3409.6 Alterations Affecting an Area Containing a Primary Function, to see the extent to compliance and the exceptions as they apply to your alteration/repair or tenant layout project. The existing space is not required to be 100% accessible, but all new work is required to be accessible, per IBC Chapter 11 and ANSI A117.1.

- ☐ Existing space is already 100% accessible; accessibility upgrades are not required.
- ☐ The space is not 100% accessible; up to 20% of the total construction cost has been allocated for accessibility upgrades to the existing space as shown below.

This is to certify that the total cost of the alterations to the above referenced project is \$_____. 20% of the total construction is \$_____, which has been allocated for alterations to the accessible route the primary function area per IBC section 3409.

ACCESSIBLE ELEMENT

COST

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL COST OF ACCESSIBLE ALTERATIONS

\$ _____

- ☐ The renovation is exempt from the accessibility requirements required under Section 3409.6 for the following reason:
- ☐ The alteration is limited solely to windows, hardware, operating controls, electrical outlets and signs
 - ☐ The alteration is limited solely to mechanical, electrical, or fire protection systems
 - ☐ The alteration is solely for the purpose of increasing accessibility
 - ☐ The alteration does not involve an area of primary function

***OWNER or AGENT SIGNATURE**

DATE

OWNER'S INFORMATION _____

(please print)

AGENT'S NAME (if applicable) _____

*By signing this form, I certify that I am the owner of the property or the owner's agent, duly authorized to sign for the owner.